

INCIDENT DATA

Agency Name <i>Wichita Falls Police Department</i>		INCIDENT / INVESTIGATION REPORT		OCA <i>97-050959</i>				
ORI <i>TX2430500</i>		Date / Time Reported <i>MO May 12, 1997 07:11</i>		Last Known Secure <i>SU May 11, 1997 01:00</i>				
#1	Crime Incident <i>MISSING PERSON</i>	UCR:901	Local Statute: MP	<input type="checkbox"/> Att	At Found			
#2	Crime Incident	UCR:	Local Statute:	<input type="checkbox"/> Att				
#3	Crime Incident	UCR:	Local Statute:	<input type="checkbox"/> Att				
Location of Incident <i>4317 Mcniel Ave, Wichita Falls, TX</i>			Premise Type	Offense Tract				
How Attacked or Committed								
Weapon / Tools								
Forcible Entry <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A								
# Victims	<i>1</i>	Type	Individual	Injury	None			
Victim/Business Name (Last, First, Middle)		Victim of Crime #		Age / DOB	Race Sex			
V1 <i>Mann, Gregory Keith JR</i>		<i>1</i>		<i>20</i>	<i>W M</i>			
Relationship to Offenders								
Home Address <i>5210 Tower Dr Apt. 277, Wichita Falls, TX</i>				Home Phone <i>817 -692-9363</i>				
Employer Name/Address <i>Ron Roberts Ford / 2900 JACKSBORO HW</i>				Business Phone <i>817 -767-7711</i>				
VYR	Make	Model	Style	Color	Lic/Lis			
<i>1996</i>	<i>FORD</i>	<i>MUSTANG</i>	<i>SEDAN, 2</i>	<i>RED</i>				
CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) I = Other Involved								
Code	Name (Last, First, Middle)	Victim of Crime #		Age / DOB	Race Sex			
RP1	<i>Mann, Gregory K</i>			<i>39</i>	<i>W M</i>			
Home Address <i>4315 Mcniel Ave, Wichita Falls, TX 76310</i>				Home Phone <i>940 -692-4833</i>				
Employer Name/Address <i>Bus Station / 1406 14TH ST WF 76301</i>				Business Phone <i>940 -766-2223</i>				
Code	Name (Last, First, Middle)	Victim of Crime #		Age / DOB	Race Sex			
RP2	<i>Fancher, Charles Wayne</i>			<i>36</i>	<i>W M</i>			
Home Address <i>5104 Carlene, Wichita Falls, TX 76310-0000</i>				Home Phone <i>940 -696-0483</i>				
Employer Name/Address <i>Family Auto / 1110 S. RED RIVER EXPRESSWAY BURKBURNETT, TX</i>				Business Phone <i>940 -569-4100</i>				
Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found U = Unknown (Check "OJ" column if recovered for other jurisdiction)								
Victim #	UCR	Status - Date	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	<i>42</i>	<i>- 8/2/2016</i>	<i>\$1.00</i>		<i>1.00</i>	<i>1-Buccal Swabs X2 Collected On 08/02/16,</i>		
	<i>42</i>	<i>- 8/2/2016</i>	<i>\$1.00</i>		<i>1.00</i>	<i>2-Buccal Swabs X2 Collected On 08/02/16,</i>		
	<i>42</i>	<i>- 8/26/2016</i>	<i>\$1.00</i>		<i>1.00</i>	<i>2 Buccal Swabs In Cardboard Carton, From</i>		
	<i>42</i>	<i>- 8/26/2016</i>	<i>\$1.00</i>		<i>1.00</i>	<i>2 Buccal Swabs In Cardboard Carton, From</i>		
	<i>03</i>	<i>- 5/11/1997</i>			<i>1</i>	<i>1996 RED</i>	<i>FORD MUS</i>	
Number of Vehicles Stolen <i>0</i> Number Vehicles Recovered <i>0</i>								
ID	Officer		Officer Signature		Supervisor Signature			
Complainant Signature			Case Status: <i>Active</i> <i>May 12, 1997</i>		Case Disposition:			

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D R U G S	Status		Quantity		Type Measure			Suspected Drug Type							
O F F E N D E R	Offender(s) Suspected of Using <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				Offender 1 Age: Race: Sex:			Offender 2 Age: Race: Sex:			Offender 3 Age: Race: Sex:			Primary Offender Resident Status Resident Non-Resident Unknown	
					Offender 4 Age: Race: Sex:			Offender 5 Age: Race: Sex:			Offender 6 Age: Race: Sex:				
	Name (L, F M)					Home Address					Home Phone				
	Occupation					Business Address					Business Phone				
	DOB. / Age		Race	Sex	Hgt	Wgt	Build	Hair Color		Eye Color					
							Hair Style	Hair Length		Glasses					
S U S P E C T	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)														
	Hat			Shirt/Blouse			Coat/Suit			Socks					
	Jacket			Tie/Scarf			Pants/Dress/Skirt			Shoes					
	Was Suspect Armed?		Type of Weapon					Direction of Travel			Mode of Travel				
	VYR	Make	Model	Style/Doors	Color	Lic/Lis	Vin								
	Suspect Hate / Bias Motivated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Type:									
	Name (Last, First, Middle)					D.O.B.		Age	Race	Sex					
	Home Address					Home Phone		Employer			Phone				
N A R R I V E	CNV- Officer was: BUBOLZ CYNTHI (000932)														

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Additional Victims, Owners, Reporting Persons and Other Involved

NameCode/#	Name (Last, First, Middle)	Crime # Victim of	DOB	Age	Race	Sex
IO1	<i>Ron Roberts Ford</i>					
	Address 2900 Jacksboro Hw, Wichita Falls, TX		H: 940 -767-3803			
	Empl/Addr		B:			
IO2	<i>Kitchens, Kari</i>			24	W	F
	Address 5210 Tower Dr Apt. 277, Wichita Falls, TX		H: 817 -692-9363			
	Empl/Addr Enterprise Car Renta / JACKSBORO HW		B:			
IO3	<i>Gentry, Doyle Gene JR</i>			37	W	M
	Address 1721 Puckett Rd Apt. Apt D3, Wichita Falls, TX 763		H: 940 -851-0395			
	Empl/Addr None		B:			
IO4	<i>Clark, Opal</i>				U	F
	Address		H:			
	Empl/Addr Diamond Shamrock		B: 940 -691-9212			

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